

Care Team Guide: Transition to Peritoneal Dialysis

PD can be done as self-care or care by companion/caregiver in a patient’s home or care facility.

Note: * identifies tasks that may be done by the **referring Team or PD Team or link/transition/navigator nurse or designated other.** Division of duties is arranged locally.

Step	Major Tasks	
	Referring Team (TX, HD, HDD)	PD Team
1. Identifies patients interest and eligibility for PD Refer to Step 1 of the Transitioning to PD booklet	Identifies patients who are interested and eligible for PD using basic eligibility criteria. <ul style="list-style-type: none"> • See Appendix A for basic PD eligibility criteria • See Appendix B for information on Modality Choices Provides Transitioning to PD booklet.	
2. Patient referral to PD Refer to Step 1 of the Transitioning to PD booklet	Refers eligible PD candidates to PD for PD suitability assessment. Updates PROMIS.	Receives patient referral. Books appointment for PD suitability assessment & orientation with PD training nurse. Communicates dates and details of appointments with patient and referring team.
3. PD suitability assessment and modality education Refer to Step 1 of the Transitioning to PD booklet		*Conducts PD suitability assessment & orientation <ul style="list-style-type: none"> • See Appendix B for PD modality education topics for review • See Appendix C/link for example of PD assessment tool. • See Appendix D for PD e-learning modules Advises patient & referring team of PD assessment outcome. Updates assessment outcomes in PROMIS. If patient has not already received, provides Transitioning to PD booklet to patient. Maintains current list of patients suitable for PD.
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Step	Major Tasks	
	Referring Team (TX, HD, HDD)	PD Team
4. Preparing for PD Refer to Step 2 of the Transitioning to PD booklet	Regularly reviews status of patients with PD as planned modality.	Develops PD patient plan of care outlining expectations and planning for catheter insertion, PD training, self-management responsibilities.
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	If status or home situation changes that may impact suitability for PD, notifies PD team.	Reviews PD patient's plan of care with patient if concerns flagged by referring team. Advises referring team of changes in care plan.
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	Provides ongoing patient care and follow up re: hemodialysis, home hemodialysis, medications, lab results, diagnostic imaging, comorbid management, psycho social support until the commencement of PD training. Updates PROMIS accordingly.	
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5. PD catheter insertion referral and patient preparation Refer to Step 3 of the Transitioning to PD booklet	*Refers patient for PD catheter insertion GOAL: if bedside insertion, 2 wks prior to starting PD; if OR insertion, at GFR 12 – 15 mL/min ² . Advises patient & PD team. Updates PROMIS.	Liaises with referring team re timing & arrangements for PD catheter insertion as required
		*Prepares patients for PD catheter insertion, including the provision of information on: <ul style="list-style-type: none"> • location and time of catheter implantation • pre implantation preparation • marking of PD catheter placement • implantation procedure • transportation • post implantation medications • post implantation complications and management - See Appendix D for patient education/care for PD catheter implantation Books appointments for post catheter implantation care. Advises patient and referring team. Updates PROMIS.
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Step	Major Tasks	
	Referring Team (TX, HD, HDD)	PD Team
<p>6. PD catheter insertion & transfer of care to PD team</p> <p>Refer to Step 4 of the <i>Transitioning to PD</i> booklet</p>	<p>Completes transfer of care documentation:</p> <ul style="list-style-type: none"> • Transition package • Arranges for relevant sections of chart to be copied • Reviews mobile labs <p>Advises patient & patient's primary care physician re next steps. Updates PROMIS</p>	<p>Inserts PD catheter.</p> <p>Enters PD catheter insertion date into PROMIS & changes status of patient from "KCC" to "PD transition."</p> <p>Assumes responsibility for all ongoing care. (Note: Transfer of care to the PD team may be postponed until the start of PD training in situations which would require a physical change in location for a patient to receive care).</p>
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<p>7. Post PD catheter implantation management</p> <p>Refer to Step 4 of the <i>Transitioning to PD</i> booklet</p>		<p>Performs:</p> <ul style="list-style-type: none"> • Catheter flushes • Exit site care/dressing changes • Exit site assessments • Suture removal <p>- See Appendix E for applicable policy and procedures</p> <p>Books PD training:</p> <ul style="list-style-type: none"> • Start date, location & length of training • Training objectives and expectations <p>Updates PROMIS.</p>
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<p>8. PD training & initiation</p> <p>Refer to Step 5 of the <i>Transitioning to PD</i> booklet</p>	→	<p>Initiates PD training. Updates PROMIS.</p> <p>Assumes responsibility for:</p> <ul style="list-style-type: none"> • HD catheter care and removal, if applicable • Arranges for back up HD treatments as required.

Appendix A: Assessment of Eligibility for PD

Benefits of PD

- Ability to do dialysis at home
- Patient is in charge
- More flexibility in diet and fluid intake
- Portable (more ability to travel)
- Potential reduction in some medications

Assessment of a Patient for PD

- Patients must not have any contraindications to PD (see list below).
- Patients (or their caregiver) need to have the physical and mental capacity to manage their PD treatments and problem solve as issues arise.
 - Physical ability: Manual dexterity to button a shirt.
 - Mental capacity: Ability to follow straight-forward directions.
- Patients need access to a telephone and space available to store supplies.

Process for Assessment of Suitability for PD

- The referring team conducts an initial assessment regarding PD suitability.
- If there are no identified barriers (see below for examples of barriers), the PD team is made aware of the patient's choice and referred for PD suitability assessment
- If there are potential barriers, the PD team is made aware of the patient's choice and referred for PD suitability assessment.

Contraindications to PD

- Unmanaged, active psychiatric disorders
- Active diverticulitis

Examples of Barriers to PD that require an in-depth assessment by the PD team

- Limited mobility or manual dexterity, limited use of hands
- Poor vision
- Obesity (may be candidate for pre-sternal catheter)
- Multiple previous abdominal surgeries
- Colostomy (may be candidate for pre-sternal catheter)
- Active chemical dependency
- Concerns about psycho-emotional capacity (e.g., lack of judgement, cognitive decline, issues with caregiver being able to take on more)

Additional References:

- Match-D tool for information about assessing the suitability of patients for PD: <http://homedialysis.org/match-d>
- BC Renal patient handout about independent modalities: www.bcrenalagency.ca/sites/default/files/documents/files/Dialysis%20Options%20in%20BC%20March%202013_WEB.pdf

Appendix B: PD information

1. Modality Choices Education:
 - Tools for staff to use with patients: www.bcrenalagency.ca/health-professionals/clinical-resources/modality-choices
 - Self-directed presentation for patients: [www.bcrenalagency.ca/health-info/managing-my-care/chronic-kidney-disease-\(ckd\)](http://www.bcrenalagency.ca/health-info/managing-my-care/chronic-kidney-disease-(ckd))
 - Transitioning to PD booklet

Appendix C: PD suitability/functional assessment

<http://www.bcrenalagency.ca/resource-gallery/Documents/Functional%20Assessment-%20Peritoneal%20Dialysis.pdf>

Appendix D: Preparing a patient for PD catheter insertion

1. PD E-learning modules: <http://www.bcrenalagency.ca/health-professionals/clinical-resources/pd-patient-training-modules>
2. PD Catheter insertion procedure: [http://www.bcrenalagency.ca/resource-gallery/Documents/Bedside%20\(Percutaneous\)%20Insertion%20Removal%20of%20Chronic%20Peritoneal%20Dialysis%20Catheters.pdf](http://www.bcrenalagency.ca/resource-gallery/Documents/Bedside%20(Percutaneous)%20Insertion%20Removal%20of%20Chronic%20Peritoneal%20Dialysis%20Catheters.pdf)

Appendix E: Post implantation catheter and exit site care

1. Exit site care post implantation: <http://www.bcrenalagency.ca/resource-gallery/Documents/PD%20Procedures-Exit%20Site%20Care-Post-Operative%20PD%20Catheter%20Insertion.pdf>
2. Flushing a PD catheter: <http://www.bcrenalagency.ca/resource-gallery/Documents/PD%20Procedures-%20Catheter%20Flush.pdf>